



**INCOME TAX RETURN ORGANIZER**

Tax Year \_\_\_\_\_

**PERSONAL INFORMATION**

<b>Taxpayer</b>	<b>Spouse</b>
Last name: _____	Last name (if different): _____
First name: _____ Middle initial: _____	First name: _____ Middle initial: _____
Social security no.: _____	Social security no.: _____
Occupation: _____	Occupation: _____
Date of birth (mm/dd/yyyy): _____	Date of birth (mm/dd/yyyy): _____
E-mail address: _____	E-mail address: _____
Work phone: _____	Work phone: _____
Cell phone: _____	Cell phone: _____
Home phone: _____	Home phone: _____
Fax number: _____	Fax number: _____

Address: \_\_\_\_\_ Apt. no. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

**FEDERAL FILING STATUS**

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
  - Taxpayer did **not** live with spouse at any time during year
  - Taxpayer eligible to claim spouse's exemption
- 4 Head of household  
If qualifying person is child but not dependent:  
Child's name: \_\_\_\_\_  
Child's social security number: \_\_\_\_\_
- 5 Qualifying widow(er). Year spouse died  2009  2010
- 6 Are you or your spouse eligible to be claimed as a dependent on someone else's return?  Yes  No

**DIRECT DEPOSIT/ELECTRONIC FUNDS WITHDRAWAL INFORMATION**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Use <b>direct deposit</b> for any <input type="checkbox"/> federal tax refund / <input type="checkbox"/> state tax refund
<input type="checkbox"/>	<input type="checkbox"/>	Use <b>electronic funds withdrawal</b> for <input type="checkbox"/> federal balance due / <input type="checkbox"/> state balance due

**FINANCIAL INSTITUTION INFORMATION**

Account type: Checking  Savings   
Routing number: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Name of Financial Institution (optional): \_\_\_\_\_

**Electronic Filing**

If we are filing your returns electronically, I will email you a copy of your return as a PDF document. Accompanying your return are **signature authorization forms** for you to sign and return to me. **IMPORTANT.** Before I can transmit your returns electronically, I am required by law to have these signed signature forms in my office. This is a step that is often overlooked. You can mail/email/fax these signature forms to me, along with payment of your invoice.

**DEPENDENT/EARNED INCOME CREDIT/CHILD AND  
DEPENDENT CARE CREDIT INFORMATION**

First name	MI	Soc. Sec. number		Date of Birth (mm/dd/yyyy)	Number of months lived with taxpayer in U.S.	Educ. Tuition and Fees	Qualified child and dependent care 2011 expenses
Last name	Suffix	Relationship	Code*				
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-----		-----					
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\* L-Dependent child who lived with taxpayer; N-Dependent child who did not live with taxpayer due to divorce or separation; O-Other dependent; Q-Not a dependent (but is a qualifying person for the earned income credit and/or the child tax credit and/or the credit for child and dependent care expenses).

(a) Care provider's name and Care provider's phone number	(b) Address (number, state, apt. no., city, state, and Zip code)	(c) Identifying Number (SSN or EIN, if EIN then must enter hyphen)	(d) Amount paid
	Care at above address? <input type="checkbox"/>		
	Care at above address? <input type="checkbox"/>		

**1099G**

If you received **unemployment compensation** you will receive a form 1099-G. This amount is part of your taxable income. Did you receive a **state income tax refund** last year? The refund amount is also reported on form 1099-G. If you itemized deductions last year on Schedule A, the refund may be taxable. If I prepared your taxes last year I already have this information.

**UNEMPLOYMENT COMPENSATION**

Amount Received	State	Federal Income Tax Withheld	State Income Tax Withheld

**STATE INCOME TAX REFUND**

Payer's name	State	State income tax refund	Refund is for tax year:

**ALIMONY**

If you paid it, it's a deduction. If you received it, it's taxable.

Payer's/Payee's name	Social Security number	Amount received	Amount paid

<b>INCOME</b>	
<b>Wages – Provide all copies of W-2 Forms</b>	
<b>WAGES:</b> Number of Forms W-2 For: _____	Self: _____
Number of forms only. Do not enter amounts.	Spouse: _____
<b>Dividends and Interest Income</b>	
Provide all Forms 1099 which include interest and/or dividend income. You may provide a listing of your interest and dividends on a separate sheet, but we will still need the actual Forms 1099-INT and 1099-DIV.	
<b>Municipal Bond Interest</b>	
Total municipal bond interest earned in 2011 = \$ _____ Provide statements from all payers. Municipal bond interest must be reported on your federal return even if nontaxable. Municipal bond interest is included in the computation to determine taxable Social Security benefits. In some cases, it may also be taxable on your state return.	
<b>Retirement Plan Distribution – Pensions, Annuities, Rollovers, IRA SEP, Keoghs, Lump-Sum Distributions or Other Retirement Plan Withdrawals:</b>	
Provide all copies of Forms 1099-R received for retirement plan income.	
<b>Partnerships, Estates, Trusts and S Corporation</b>	
Provide all year-end reports and/or Schedule(s) K-1 received for tax year 2011.	
<b>Social Security Benefits</b>	
Provide Forms SSA-1099	
<b>Other Income – Provide all Forms 1099, etc.</b>	
State Income Tax Refund (Form 1099-G)	
Advance Child Tax Credit Refund	
Unemployment Compensation (Form 1099-G)	
Commissions and Fees	
Tips and Gratuities not reported on Form W-2	
Farm Income (list income and expenses on separate sheet)	
Bonuses and Prizes not reported on Form W-2 (explain)	
Cancellation of Debt (Form 1099-C)	
Jury Duty – Election Board Fees	
Gambling/Lottery Earnings (Form W-2G)	
Bartering Income	
Veteran's Pension and Disability	
Workers' Compensation or SDI	
Other Income (Describe)	
<b>Please put 1099-MISC information on page 5</b>	

<b>2011 Estimated Tax Payments</b>					
	FEDERAL	Date Paid	STATE	Date Paid	<b>Notes:</b>
Amt applied from 2008, If any		XXXXXXX		XXXXXXX	
<b>First Quarter</b>					
<b>Second Quarter</b>					
<b>Third Quarter</b>					
<b>Fourth Quarter</b>					
<b>Total 2011 Estimated Payments</b>					

# ITEMIZED DEDUCTIONS

(Round all figures to the nearest dollar and do not add any columns)

Note: Complete this portion only if you think your itemized deductions might exceed the IRS standard deduction for your filing status (see below)		<b>Interest Paid</b>	Primary Residence	Second Home
		First Mortgage Interest *Provide 1098		
<b>2011 Standard Deductions</b>		*Second Mortgage		
<b>Filing Status</b>	<b>Standard Deduction</b>	*Home Equity/Improvement Loan		
		Loan Points		
<b>MFJ or Widow(er)</b>	<b>\$11,600</b>	Points Amortization		
<b>Single</b>	<b>\$5,800</b>	Investment Interest Paid (Total)		<b>XXXXX</b>
<b>Head of Household</b>	<b>\$8,500</b>	<b>Cash Contributions</b> (Use separate sheet if needed)		
<b>MFS</b>	<b>\$5,800</b>	Churches or Synagogues		
<b>Medical Expenses</b>		United Campaign <i>Include payroll deductions</i>		
<b>Deductible only if net cost exceeds 7.5% of AGI</b>		Cancer or Heart		
<b>Do not include amounts paid for or reimbursed by insurance or health insurance premiums paid with pre-tax income.</b>		Scouts Boy/Girl		
		M.S./M.D./March of Dimes		
		Other		
		Out-of-Pocket Expenses for Charitable Work		
<b>Medical Expenses</b>		<b>Non-Cash Contributions</b> *Fair Market Value of Items Given to Charities		
Hospitalization and Health Insurance Premiums.		Vets/Goodwill/Salvation Army	Amt*	
Medicare Insurance Premiums Paid (Form SSA-1099)		Organization	Amt*	
Long-Term Care Insurance Premiums		Organization	Amt*	
Contact Lens Insurance		<i>*If over \$500, we will need more specific details regarding the contribution.</i>		
Dental Insurance		Charitable Mileage on Auto	Miles	
Prescribed Drugs and Insulin		Other		
Hospitals, Nurses, Alcoholism Treatment, Ambulance	See Note Above	<b>Miscellaneous</b> (Deductible only if total exceeds 2% of AGI)		
Doctors and Clinics		<b>Unreimbursed employee expenses</b>		
Dentists and Orthodontists		Union Dues and Professional Dues		
Glasses, Contact Lenses, Eye Exams		Professional Licenses and Fees		
Lab Tests, Therapy, X-Ray, Anesthesiology		Professional or work-related subscriptions, journals, etc		
Prescribed Medical Equipment		Tools/Supplies Purchased for Job		
Hearing Aids, Batteries & Related Equip Cost		Teachers: A special deduction of up to \$250 is allowed for classroom expenses of teachers. The deduction is not limited to the 2% AGI limitation, and can be claimed even if the standard deduction is claimed. Answer Question 22 on Page 6.		
Vasectomy/Tubal Ligation/Abortion Costs		Safety Equipment <i>Helmets, shoes, protective clothing, etc</i>		
Smoke Seccession Programs, including prescribed drugs <i>Nondeductible: Nonprescription nicotine aids</i>		Special uniforms for Job and Their Cleaning		
Special Foods (if prescribed)		Uniforms \$ + Cleaning \$	Total =	
Nursing or Retirement Home (medical care only)		Business Insurance <i>Not Life, Medical, or Disability</i>		
Schooling for Handicapped		Telephone/Internet <i>Business use only</i>		
Cosmetic Surgery: <i>Generally not deductible unless it corrects a congenital abnormality, disfiguring injury</i>		Business Mileage (not commuting to/from work)		
Medical Transportation (taxi, bus, ambulance, etc.)		Employment Related Schooling or Seminars		
Phone Toll Charges for Medical Purposes		<i>Tuition/Fees, Books/Supplies, Parking</i>		
Medical Miles _____ + Parking		Meals and Entertainment		
Lodging While Obtaining Medical Treatment <i>Limited to \$50 per night, per person</i>		Travel		
<b>Taxes</b>		<b>Job Seeking Expenses in Same Field</b>		
Real Estate Taxes-Homestead (less special assessments)		Travel/Airfare/Lodging		
Property Tax Index Number		Food		
Property Tax Refund		Employment Agency Fees and Resume		
Other Real Estate Taxes (second home, cabin, boat, etc.)		Other		
Special Assessments – Interest Portion Only		<b>Total Job Seeking Expenses</b>		
Personal Property Taxes		<b>Tax Prep, Financial Planning/Consultation Fees</b>		
State Income Taxes Pd This Year for Prior Tax Years		<b>Investment Expenses</b>		
New Auto or Boat Sales Taxes		Phone/Postage/Supplies for Investments		
Note: <i>If you are self-employed, don't include health insurance premium here, include in page 4</i>		Safe Deposit Box		
<b>Casualty Loss</b>		Investment Publications & Journals		
Auto Accident, Fire, Theft, Storm, etc. Deductible only if your combined net loss after insurance claim exceeds 10% of Adjusted Gross Income. Talk to us if you think you might qualify.		<b>Gambling Losses</b> <i>Limited to Total Gambling Winnings</i>		
		Other		

# SELF EMPLOYED INCOME/EXPENSES (SCHEDULE C) SOLE PROPRIETOR

Name of Proprietor	Business Activity		
Business Name (if different)	Product or Service		
Business Address (if different)	Federal I.D. Number (if any)		
1. Do you use any part of your home for business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, complete the Office in the Home section on Page 7.) 2. How many months in business during the year? # _____ <b>If this will be your first year filing Schedule C (self-employed), please check here <input type="checkbox"/></b>			
INCOME			
Gross Income not from 1099s		\$	
Returns & Allowances		(    )	
Income Reported on 1099-MISC			
# of 1099s Included			
Other:			
<b>TOTAL INCOME</b>		<b>\$</b>	
EXPENSES			
Advertising		Internet	
Bank Charges		Seminars/Classes	
Commissions & Fees Paid		Utilities	
Dues & Publications		Rent (Business)	
Insurance (Business)		Repairs & Maintenance	
Interest (Business)		Supplies	
Laundry & Cleaning		Telephone (Business Use Only)	
Legal & Professional		Meals & Entertainment (at 100%)	
Office Supplies & Postage		Business Gifts	
Local Transportation		Research	
Licenses		Self-Employed Health Insurance	
Contract Labor			
Other Expenses (Describe)		<b>Travel (Out of Town)</b>	
		Transportation (Air Fare)	
		Lodging	
		Cabs, Bus, Rentals	
		Meals & Entertainment	
		Other	

EQUIPMENT			
Item/Description	Date of Purchase	Price	% Business Use

## RENTAL INCOME/EXPENSE (SCHEDULE E)

T=Taxpayer  
S=Spouse  
J=Joint

Columns:

W = Rental Use  
X = If you do not take an active part in the operation of the property  
Y = Number of days rented during the year  
Z = Number of days you or your family member resided at location

T S J	Property Code	Date Acquired	Description of Property	Location	W	X	Y	Z
	A				%	<input type="checkbox"/>		
	B				%	<input type="checkbox"/>		
	C				%	<input type="checkbox"/>		
	D				%	<input type="checkbox"/>		
<b>INCOME</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>			
Rents Received		\$	\$	\$	\$			
Other								
<b>EXPENSES (list only rental expenses)</b>								
Real Estate Taxes								
Mortgage Interest								
Other Interest								
Insurance								
Cleaning/Maintenance								
Yard/Snow Removal								
Rubbish Hauling/Trash								
Supplies								
Fuel								
Electricity								
Water/Sewer								
Casual Labor								
Management Fees(commissions)								
Homeowners Assoc. Dues								
Travel Expense (Detail)								
Auto Travel Mileage		#	#	#	#			
Telephone								
Advertising								
Legal & Professional								
Repairs – Painting								
- Plumbing								
- Electrical								
- Appliances								
Refunds								
Other:								
Comments/Questions:								

## OFFICE IN THE HOME

The following criteria must be met for a home office deduction:

1. The home office space must be used **regularly** and **exclusively** for business. Be aware that you do not have to use an entire room as your office—a portion of a room may qualify.
2. If the space is where you perform the administrative or management activities of your business, there must not be another fixed location where you perform a substantial portion of these tasks.  
(This second criterion does not need to be satisfied if you meet your clients on a regular basis in your home office.)

If you are an **employee** (as opposed to an **independent contractor**), then the home office must be for the convenience of your employer. In other words, the home office is a required condition of your employment.

Square Footage of House or Apartment (or number of rooms) \_\_\_\_\_

Square Footage of Office (or number of rooms) \_\_\_\_\_

Home owners only: Deductible mortgage interest	
Home owners only: Real estate taxes	
Home owners only: Private Mortgage Insurance (PMI)	
Renters only: Total rent paid for the year	

Fill in these boxes ONLY if you are claiming an office in your home. Otherwise, see Itemized Deductions, Page 4.

Insurance (homeowner's, condo owner's, renter's) \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Utilities (Do NOT include phone expense here) \_\_\_\_\_

Condo/Homeowner's association fees \_\_\_\_\_

If you purchased or refinanced your home in 2011, please provide me with the closing (settlement) statement. Also include a copy of a property tax bill.

### ENERGY CREDITS

If you purchase an energy-efficient product or renewable energy system for your home, you may be eligible for a federal tax credit. Examples of qualifying property include: Biomass Stoves; Heating, Ventilating and Air Conditioning; Insulation; Water Heaters; Roofs; Windows and Doors; Geothermal Heat Pumps.

Here is a link which provides additional information regarding these energy credits:

[http://www.energystar.gov/index.cfm?c=tax\\_credits.tx\\_index](http://www.energystar.gov/index.cfm?c=tax_credits.tx_index)

Please provide me with a copy of your receipt(s) showing the products purchased and the cost. You will need to save your receipt(s) and a copy of the Manufacturer's Certification Statement for your records.

### EDUCATION EXPENSES

Did you attend a college or university? Enter total cost of tuition, books, and lab fees:	
Did you pay interest on a student loan? How much? Enter total amount of INTEREST ONLY:	
Did you pay for educational expenses for your child(ren) to attend a public or private elementary or secondary school? Enter total cost of tuition, books, and lab fees: _____ and enter the grade level(s) for the child(ren): _____	

Please include any Forms 1098-T and 1098-E that you received, along with your higher education billing statements for the year.

## AUTO USAGE

Using a car is expensive. If you use it for business then you may be able to deduct some of that expense. You can deduct all of the miles looking for work. Commuting from your home to your regular place of work is NOT deductible. If you are working two jobs in one day, you can deduct the mileage between the work locations. If you are working at a temporary job location away from where you usually work then that mileage is deductible. If your home is your principal place of business, traveling to all other work locations is deductible. You can also deduct going back and forth to classes. I will often need to discuss your particular situation with you to properly calculate this deduction.

### STANDARD MILEAGE RATE

There are two ways to take this deduction: the easy way and the hard way. Why don't we start with the easy way. You keep track of your business miles and simply multiply them by the Standard Mileage Rate. If you ever want to make use of the SMR for a particular vehicle, you must use it the first year you use the vehicle for business. You must also own the car or be leasing it. Here's the information I need. I need ALL of it, particularly the **Total Miles for the Year**.

	Vehicle 1 <i>New this year?</i> <input type="checkbox"/> Be sure to include bill of sale.	Vehicle 2 <i>New this year?</i> <input type="checkbox"/> Be sure to include bill of sale.
Make and model of vehicle		
Date placed in service		
Business Miles (1/1 to 6/30)		
Business Miles (7/1 to 12/31)		
Total Commuting Miles (back and forth to a regular job)		
Total Personal Miles		
Total Miles for the Year		

Amount spent for parking and tolls		
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Is another vehicle available for personal use?    Yes    No

Do you have evidence to support the deduction?    Yes    No

If yes, is the evidence written?    Yes    No

### ACTUAL EXPENSES

The harder way to claim an auto usage deductible is by using the **Actual Expenses** method. It's a more complicated process but it can be worthwhile for some taxpayers. Here we take the business miles from the total miles and determined a *business use percentage*. Then we deduct that percentage from everything it costs you to run the car This method requires more record keeping but it sure can add up. If you have the records, fill in this table along with the above mileage information and I will figure out the best approach.

	Vehicle 1 <i>New this year?</i> <input type="checkbox"/> Be sure to include bill of sale.	Vehicle 2 <i>New this year?</i> <input type="checkbox"/> Be sure to include bill of sale.
Cost of the vehicle		
Date placed in service		
Interest on car loan		
Lease payments		
Gas		
Insurance		
Auto club membership		
License fees		
Maintenance (oil change, tires)		
Repairs		
Car washes		

**Leased Vehicles:** You may use either the standard mileage or the actual expenses method. To use the actual expenses method I will need the fair market value of the vehicle, the total amount of your lease payments, and the mileage numbers from the top of this page.

### HSA (HEALTH SAVINGS ACCOUNT)

If you have a Health Savings Account, please provide me with your year-end statement and any Forms 1099-SA you received.

#### MOVING EXPENSES

A	Enter the new principal place of work for this move	
B	Enter the number of miles from your <b>old home</b> to your <b>new workplace</b>	Miles:
C	Enter the number of miles from your <b>old home</b> to your <b>old workplace</b>	Miles:

#### Enter your moving expenses:

1.	Date of Move	
2.	Transportation expenses for this move	
3.	Storage of household goods and personal effects	
4.	Travel expenses for this move	
5.	Total miles you drove your car for this move	
6.	Lodging expenses for this move	
7.	Enter total amount your employer paid you for moving.	

*Please note that meals while moving are NOT deductible.*

#### RETIREMENT CONTRIBUTIONS

Did you (or will you) make a contribution to a Traditional IRA, SEP-IRA, or SIMPLE IRA for last year?

	Taxpayer Contribution	Spouse Contribution
Traditional IRA		
Roth IRA		
SEP/SIMPLE		

Did you convert all or part of a Traditional IRA into a **Roth IRA** last year?

Amount converted: \_\_\_\_\_

#### USE TAX

Enter the total cost of general merchandise you purchased to use in your home state on which you did not pay the required amount of Use Tax	
Enter the amount of sales tax you paid in another state on the items purchased out of state	

If there are no major purchases and you do not have receipts to figure purchases, check the box if you would like me to use the table amount of Use Tax

Check this box if you made no out of state purchases that are subject to Use Tax

**THE FOLLOWING ITEMS MAY AFFECT YOUR TAX RETURN. Please answer carefully.**

Y N

1.   Are you interested in making additional contributions to a retirement plan?
2.   Are you or your spouse eligible to participate in an employer's retirement plan?
3.   Did you have a retirement plan withdrawal, rollover or lump sum distribution in 2011? If yes, provide Forms 1099R.
4.   If either you or your spouse attained age 70 ½ during the year, are you taking required minimum retirement plan distributions?
5.   Did you receive the advance child credit last year in the form of a check from the IRS? Amount \$ \_\_\_\_\_
6.   Did you incur educational expenses on behalf of yourself or your spouse or dependent? Amount \$ \_\_\_\_\_
7.   Did you pay any education loan interest in 2011? Amount \$ \_\_\_\_\_
8.   Did you pay child care costs for dependent child/children under age 13 or costs of caring for a handicapped individual so you could work, attend school or look for a job? If yes, provide the amounts paid for each dependent & the names, addresses & numbers of the care providers.
9.   If you answered "Yes" to Question 8, did you claim any amount through an employer's dependent care reimbursement plan?
10.   Did you incur any expenses in 2011 or prior years associated with the adoption of a child? If so, ask us about it.
11.   Did you sell stock, securities, real estate or other property? If yes provide all Forms 1099-B. Also provide (1) description of the property (2) date of purchase, (3) date of sale, (4) purchase price, (5) selling price, (6) expenses of sale, (7) improvements or other cost/basis and (8) closing statements for purchase and/or sale.
12.   Did you purchase a new home or refinance your home mortgage during 2011? Provide closing papers.
13.   Are you making payments on a recreational vehicle or boat that has basic living accommodations?
14.   Do you own any securities or hold any bad debts that became worthless during the year? Provide details.
15.   Were any stock options granted to you or by your employer, or did you exercise any stock options in 2011?
16.   Did you pay alimony during 2011? Name: \_\_\_\_\_ SS# \_\_\_\_\_ Amt: \$ \_\_\_\_\_
17.   Did you incur any penalties for early withdrawal from a savings account? Amt: \$ \_\_\_\_\_
18.   Did you receive any tips during the year? If yes, were all the tips reported to your employer?
19.   Did you have any out-of-pocket expenses associated with your job? Please see page 3 unreimbursed employee expenses.
20.   Are you a K-12 teacher? If yes, a special deduction of up to \$250 is allowed for classroom expenses.
21.   Did you move at least 50 miles because of a job change? Provide documentation for a possible moving expense deduction.
22.   Do you have income from a foreign investment, such as interest from a foreign bank account? If yes, provide details.
23.   Did you employ an individual to perform household services during the year, such as babysitting, cleaning, cooking, gardening?
24.   During 2011, were there any changes to federal or state returns filed in prior years? Provide details.
25.   Do you want to designate \$3 of your tax to the Presidential Election Campaign Fund? (Doesn't change amt due/refund)
26.   Does your spouse want to designate \$3 of their tax to the Presidential Election Campaign Fund? (Doesn't change amt due/refund)
27.   Do you want to allow your preparer to discuss your federal return with the IRS?
28.   Do you expect a substantial change in income or deductions next year?

**FINAL CHECKLIST ✓ Items We Will Need**

1. Your completed Personal Income Tax Organizer.
2. All Forms W-2 (wages) and all Forms 1099 (1099-INT for interest, 1099-DIV for dividends, 1099-B for sales of securities, 1099-R for annuities and pensions, 1099-R for IRA/KEOGH or other retirement plan withdrawals, 1099-G for state tax refund, SSA-1099 for Social Security, 1099-G for unemployment compensation and 1099-MISC for commissions and fees). Include all copies.
3. Copies of returns (Schedules K-1) for partnership, joint ventures, S corporations, estates or trusts. (In some cases we may have your K-1 on file)
4. If you sold real estate, stock, or a mutual fund during the year, see Question 11 in the above table.
5. If you purchased or refinanced your home or other property this year, enclose a copy of your closing statement – RESPA.
6. If you are a new client, provide a copy of last year's tax return (Federal & State)
7. If you would like to have your refund direct deposited, include a copy of a voided check.